Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008866 B. WING 12/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **767 30TH STREET** ST ANTHONY'S NRSG & REHAB CENTER ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with Attachment A each resident's comprehensive resident care plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/31/18

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008866 12/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **767 30TH STREET** ST ANTHONY'S NRSG & REHAB CENTER ROCK ISLAND, IL 61201 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DÉFICIENCY) S9999 Continued From page 1 S9999 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced Based on observation, interview, and record review, the facility failed to monitor pain, establish control of severe pain, and administer pain medication for two of three residents (R91, R251) reviewed for pain in the sample of 24. These failures resulted in R251 experiencing uncontrolled, excruciating pain during wound treatments. Findings include: The facility's Pain Assessment and Management policy, dated 3/2015, documents, "The pain management program is based on a facility-wide commitment to resident comfort. 'Pain Management' is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment

Illinois Department of Public Health

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Illinois Department of Public Health

normal saline and R251 continued to jump and moan with furrowed brows. V13 applied four sheets of calcium alginate silver to R251's leg. V13 applied ABD (abdominal) pad and wrapped his leg with kerlix. R251 then propped his left lea

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hours until he went to the hospital Sunday night with uncontrolled pain. He was sent back actually with a reduction in his pain medication to Norco 5/325 mg one tablet every 4-6 hours as needed. He had the written prescription when he came back, but he claims he tore it up thinking that the Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008866 12/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 767 30TH STREET ST ANTHONY'S NRSG & REHAB CENTER ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 medication he already had was the same thing. The order was changed so we couldn't give him the Norco 7.5/325 mg that we had. He has not received any Norco since Sunday." V13 also confirmed that it took 45 minutes to complete all of R251's treatments like usual. On 12/12/18 at 11:52 AM, R251 stated that he still hasn't received any PRN Norco, and that his pain is currently at a 10. R251 stated, "The pain is excruciating and burning." R251 also stated, "It's awful during dressing changes. I'm in agony and its like a 17+ at that time." R251's MAR (Medication Administration Record), dated 12/2018, documents that R251 was receiving the prn Norco 7/325 mg on a daily basis prn and the last dose of prn Norco 7/325 mg R251 received was on 10/9/18. R251's MAR has no documentation of R251 receiving prn Norco 5/325 mg. There also is no documentation of R251 receiving any pain medication prior to R251's wound care on 12/11/18. R251's MAR also documents that a pain scale assessment should be completed on each shift, and out of 24 opportunities (12/3-12/11/18) R251's pain was assessed nine times. R251's Pain Care plan, dated 12/10/18. documents, "Potential for ineffective pain management related to the following diagnoses: Cellulitis of bilateral lower legs, Chronic Pain. morbid obesity, and prn pain medication." However, R251's care plan has no documentation of interventions to address R251's pain. On 12/12/18 at 02:30 PM, V2 (Director of Nursing) stated, "R251 went to the hospital

Sunday and they discontinued the Norco 7.5/325

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available."

12/7/18 and 12/10/18: "Lidocaine patch not

Nurse) verified that R91's Medication

On 12/12/18 at 1:45 PM, V10 (Licensed Practical

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